

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-21-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 62290-51, 22148 and 61712-51.

II. FINDINGS

The respondent denied reimbursement based upon “F – Fee Guideline MAR reduction and G – Unbundling.”

On 6-6-02, the requestor billed the following CPT codes: 63048-99, 22630-51, 22612-51, 62290-51, 22148, 20975, 99221, 22899-99, 22842, 22845, 63042, 63048, 63685-99-51, 22830-51, 61712-51-99 and 22625-51 for the total amount of \$21,463.00.

III. RATIONALE

Modifier -51 Multiple Procedure: When multiple procedures are performed on the same day or at the same operative session, the major procedure or service is billed as listed. For the secondary additional, or lesser procedure(s) or services(s), add modifier “-51”.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-6-02	62290-51*	\$152.00	\$0.00	F	\$303.00	Surgery GR (I)(D)(1)(b)	Injection procedure for discography, each level; lumbar Operative report supports service billed per MFG, reimbursement of 50% of \$303.00 = \$151.50.
6-6-02	22148	\$1214.00	\$0.00	G	\$1214.00	GSDOS 1994 Edition Surgery GR (I)(D)(2)	Harvesting of bone autograft for vertebral reconstruction following vertebral corpectomy Harvesting of bone autograft from distant site is not global to procedures performed on this date; therefore, reimbursement of \$1214.00.
6-6-02	61712-51	\$1500.00	\$885.00	F	DOP	Section 413.011(b)	Microdissection, intracranial or spinal procedure (list separately in addition to code for primary procedure)

							The requestor submitted redacted EOBs from ___, ___ and ___ that support amount billed complies with Section 413.011(b); therefore, additional reimbursement of \$1500.00 minus amount paid of \$885.00 = \$615.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$1980.50 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 62290-51, 22148 and 61712-51 in the amount of **\$1980.50** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1980.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division